

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	70231	
O.I.P.E. CLASSIFIER		-	10-21-00
FORMALITY REVIEW	<i>[Signature]</i>	Tc 400	10-21-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	651	04/06/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/7/02
2			
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6	✓	✓	4/7/02
7	✓	✓	4/7/02
8	✓	✓	4/7/02
9	✓	✓	4/7/02
10	✓	✓	4/7/02
11	✓	✓	4/7/02
12	✓	✓	4/7/02
13	✓	✓	4/7/02
14	✓	✓	4/7/02
15	✓	✓	4/7/02
16	✓	✓	4/7/02
17	✓	✓	4/7/02
18	✓	✓	4/7/02
19	✓	✓	4/7/02
20	✓	✓	4/7/02
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25	✓	✓	4/7/02
26	✓	✓	4/7/02
27	✓	✓	4/7/02
28	✓	✓	4/7/02
29	✓	✓	4/7/02
30	✓	✓	4/7/02
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32	✓	✓	4/7/02
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42	✓	✓	4/7/02
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47	✓	✓	4/7/02
48	✓	✓	4/7/02
49	✓	✓	4/7/02
50	✓	✓	4/7/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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